

BRIGHAM CITY RECREATION MEN'S BASKETBALL REGISTRATION/RELEASE FORM

DIVISION _____
 Coach _____
 Address _____
 Phone (H) _____ (W) _____

TEAM NAME _____
Asst. Coach. _____
Address _____
Phone (H) _____ (W) _____

[illegible]

NO UNSUPERVISED CHILDREN WILL BE ALLOWED IN THE GYM

Liability Release: In consideration of participating in the above activity, I hereby take action for myself, my heirs, and assigns and waive, release, and discharge any and all claims for damages for death, personal

injury, property damage, theft or actions of any kind which I may have, or which may hereafter accrue to me, as a result of participation in said activity. This release is intended to discharge in advance Brigham City Corporation, its officers, employees, officials, agents and volunteers; the activity sponsors officers, directors, volunteers and officials from liability, even though that liability may arise out of negligence on the part of the persons or entities mentioned above. Recreational activities involve an element of risk or danger of accidents, and knowing those risks, I hereby assume those risks.

PARENTAL CONSENT [REQUIRED IF PARTICIPANT IS UNDER 18 YEARS OF AGE]: I hereby give my consent for the above listed participant to participate in the above activity and I execute the above liability release on their behalf.

CONSENT FOR TREATMENT: I hereby give my consent to have the above named participant receive medical treatment which may be deemed advisable in the event of injury, accident, or illness occurring during this activity. Brigham City Corporation provides no medical insurance for such treatment and the cost thereof will be at my expense.

☐ I do NOT give my consent for treatment and request that medical or surgical services be withheld.

CONSENT FOR PICTURES: I hereby consent to allow my picture and/or likeness to appear in any official documentary, promotional, exclusive television, radio or film coverage of the Parks & Recreation Department in any manner incidental to my participation in the activity of the Brigham City Parks & Recreation Department, without compensation to me.

READ BEFORE SIGNING: I have read and understand the foregoing liability release, parental consent, and consent for treatment forms, and agree to all terms and conditions.

This form must be on file with
◆Brigham City Parks & Recreation◆
◆P.O. Box 1005 ◆ Brigham City UT 84302◆